



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
9501 FARRELL ROAD, SUITE GC11
FORT BELVOIR, VIRGINIA 220605901

MCXADPCCM

(Date)

MEMORANDUM FOR South Post Health Clinic

SUBJECT: Physical Exam Update

NAME: _____ CURRENT HT _____ WT _____
SSN: _____ DATE OF PHYSICAL: _____
E-MAIL ADDRESS: _____ DATE OF AUDIO: _____
P _____ U _____ L _____ H _____ E _____ S _____
DATE OF VISION: _____
CAT: _____ (*) WEAR GLASSES: YES NO
MASKED INSERTS ISSUED: YES NO

SRC: A S L P B E O

FAX or Hand Carry To:
South Post Health Clinic
ATNN: MEDPROS – Data Entry Clerk
703-806-4578

Provider Signature

Provider Stamp

Provider Contact #

SOURCE CODE

A= PHA(Periodic Health Assessment)
PHA cannot be prior to 2006 11 01
S= Aviation Short
L= Aviation Long
P= Profile – Change (DA 3349)
B= MEB
E= Physical Exam (used for Accession
and Chap 3 Physicals only
O= Other Physicals

CATEGORY

A = No Limitations
B = No Significant Limitations
C = Limited Physical Training
D = Limited Physical Activity
E = No Combat Rations
F = No Isolated Assignment
G = Kevlar/LBE Limitations
H = No Hazardous Duty
J = Hearing Protection
L = No Cold Temperatures
M = No High Temperatures

N = No Combat Boots
P = Clothing Restrictions
U = Other Limitations
V = Deployment Restrictions
W = MOS Medical Review Board
(MMRB)
Y = Fit for Duty

UPDATE 21 NOV 06